

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029836

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7543

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 1 1963

VS 300
Rev. 4/59

1

2 206

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12 90-0

13

90

USE BLACK INK
OR
TYPEWRITER RIBBON

DATE AMENDED

2

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

50 years

c. FULL NAME OF (If NOT in hospital, give location)

5252 Terry Avenue

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY

c. CITY

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

5252 Terry Avenue

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First Henry (Harry)

Middle J.

Last Danner

4. DATE OF DEATH

Month July

Day 21

Year 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-12-1875

9. AGE (last birthday)

87

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Plumber

10b. KIND OF BUSINESS OR INDUSTRY

Plumbing Business

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Fred Danner

13b. MOTHER'S MAIDEN NAME

Rose Sanders

14. NAME OF HUSBAND OR WIFE

Sarah Danner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

yes

Spanish American

17. INFORMANT

Mrs. Sarah Danner, 5252 Terry Avenue

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized Carcinomatous
Gastric cancer due to Carcinoma of
prostate

INTERVAL BETWEEN ONSET AND DEATH

2 yr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

7-28-63

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

July 17-63 to July 21-63

and last saw him alive on July 17-63

Death occurred at

7:05 a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Math Hermann

22b. ADDRESS

3700 N. Grand Ave.

22c. DATE SIGNED

7/22/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

7-24-63

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Missouri.

24. FUNERAL DIRECTOR

ADDRESS

Math Hermann & Son, Inc. 2161 E. Fair Ave. St. Louis 7, Missouri.

25. DATE RECD. BY LOCAL REG.

JUL 23 1963

26. REGISTRAR'S SIGNATURE

Lois Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter G. Burnley

Licensed Embalmer No. 4202

P. O. Address Albany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.